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**APPLICANTS**

Asher Holzer, Halfa, ISRAEL;

\*\* CONTINUING DATA \*\*\*\*\* *1KM*

\*\* FOREIGN APPLICATIONS \*\*\*\*\* *1KM*

IF REQUIRED, FOREIGN FILING LICENSE GRANTED.\*\* SMALL ENTITY \*\*

\*\* 11/29/2003

Foreign Priority claimed	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no	35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance	STATE OR COUNTRY ISRAEL	SHEETS DRAWING 9	TOTAL CLAIMS 37	INDEPENDENT CLAIMS 3
Verified and Acknowledged	<i>Asher Holzer</i> <i>1KM</i>		Examiner's Signature Initials				

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**TITLE**

Cardiac implant device

FILING FEE RECEIVED 528	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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